

CITY OF HARRISONBURG, VIRGINIA

POLICE OFFICER EMPLOYMENT INFORMATION

Application Process

All candidates for the position of Police Officer with the City of Harrisonburg must first submit a completed Application, Personal History Statement, Authorization for Release of Information Form, and all required supporting data to the City of Harrisonburg Human Resources Department, 345 South Main Street, Harrisonburg, Virginia 22801.

The City of Harrisonburg will test at least once per year for the position of police officer, and/or, on an as-needed basis. The testing will be open to applicants who have submitted the completed application, personal history statement, authorization for release of information form, and all required supporting data. This testing process will include steps listed below.

Minimum Employment Standards/Conditions of Employment

- Age: Applicants must be at least 21 years of age at the time of their appointment to a police officer position;
- Education: Graduation from an accredited high school or possession of the equivalent education obtained from other qualified sources. In other cases, the decision of the Virginia State Board of Education is acceptable;
- Upon provision of reasonable accommodation, must be able to meet the physical standards of the job;
- Driver's License: Applicant must possess or be able to obtain a valid Virginia Driver's License. Applicant must also have a good driving record;
- Must live or be willing to move within a 50-mile radius of Harrisonburg, VA;
- Citizenship: Applicant must be a United States Citizen or Permanent Resident Alien with an application for Naturalization filed and pending with Immigration Services;
- Uncorrected vision not worse than 20/200 provided there has been at least 6 months success wearing contact lenses. Without contact lenses, uncorrected vision cannot be worse than 20/100. In any case, vision must be correctable to 20/20;
- Never been convicted of a felony or a serious misdemeanor. Involvement in past criminal activity will be assessed on a case-by-case basis;
- Illegal drug use will be reviewed with respect to recency, type of drug, and frequency of use.

Selection Process

The selection process consists of the following steps. An applicant may be removed from further consideration after any step. The approximate amount of time required for each step is also indicated. The approximate amount of time required for the entire process is 4-8 weeks.

1. Screening for Eligibility (1 hour)
2. Educational Proficiency Test (2 hours)
3. Physical Fitness and Weapons Agility Test (2 hours)
4. Polygraph Test (3 hours)
5. Background Investigation (several days)
6. Panel Interview (1 hour)
7. Physical Examination and Drug Screening (2 hours)
8. Psychological Examination (3 hours)
9. Interview with the Chief of Police (1 hour)

Applicants must pass each step in order to move on to the next step. Failure to pass any step automatically disqualifies the applicant from further consideration.

Those most “Highly Qualified” candidates that are not hired at this time will be placed on a waiting list for a period of one year and hired as openings become available. If openings do not become available within one year, the process will resume with a new testing.

Employment Provisions

- **Work Schedule:** The typical workday consists of a twelve (12) hour shift. These shifts run from 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. Within each fourteen (14) day period, the officer will work 84 hours. The work schedule is on a rotating tour basis and is subject to change at the discretion of the Chief of Police.
- **Uniforms and Equipment:** the City will furnish all uniforms and equipment and \$75.00 shoe allowance.
- **Training:** Training during the probationary period of one (1) year is both on- the-job and at a training facility. Formal training at the Central Shenandoah Criminal Justice Training Academy must be successfully completed or the officer will be terminated. The probationary period of 12 months does not include time spent at the academy.

Salary and Benefits

- Salary: As of July 1, 2005 the entry level salary for a Police Officer I is \$ 28,184 per year. Upon successful completion of the police academy and applicable training period, advancement may be made to the Police Officer II level of \$30,971 per year.
- Hiring of experienced officers: Police Officers certified in the State of Virginia may be hired at an advanced rate of pay based on their years of service. Additional compensation of five to fifteen percent may be granted for State of Virginia Certified Officers. Experienced officers from other states will be dealt with on a case-by-case basis.
- Vacation Leave: Vacation leave is accrued by all City employees at the following rates:

<u>Years of Service</u>	<u>Hours per month</u>
0 through 5 years	8
5 years but less than 10 years	10
10 years but less than 15 years	12
15 years but less than 20 years	14
20 years or more	16

- Sick Leave: Sick leave is accrued at the rate of 10 hours per month regardless of years of employee service;
- Other leave offered by the City includes: Military Leave, Civil Leave, Bereavement Leave and Family/Medical Leave;
- Holidays: The City observes 12 holidays each year (all designated state holidays);
- Health Insurance: The City provides an excellent health insurance program. The City pays 70% of the monthly health insurance premium;
- Employee Assistance Program: The City provides an Employee Assistance Program for the employee and his/her family. The first visit is free-of-charge and subsequent visits may be submitted to the health care provider of the employee;
- Retirement: All officers are enrolled in the State Law Enforcement Officers Retirement System (part of the Virginia Retirement System) as a condition of employment, and are eligible for a hazardous duty supplement upon retirement. The City pays 100% of the cost of the retirement benefit;
- Post Retirement Health Benefits: The City supplements the cost of health insurance for employees who retire with 15 or more years of service. The supplement is based on years of service with the City with a maximum supplement of \$350.00 per employee;
- Term Life Insurance: the Virginia Retirement System provides Term life insurance. The City pays 100% of the life insurance premium;
- Other Insurance: The City also provides employees with the following optional insurance plans – additional life insurance, cancer insurance, long-term care and accident insurance;
- Other benefits: The City provides employees with the opportunity to participate in the following employee benefits – flexible spending accounts, deferred compensation, Educational Reimbursement (available after one year of City service), educational savings programs and several banking institutions, including Commonwealth One Credit Union, the VA Credit Union, SunTrust Bank and Wachovia Bank (these institutions offer limited free services to City employees).

Please print in ink
(preferably black)

CITY OF HARRISONBURG

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT



345 S. Main St.
Room 207
Harrisonburg, VA 22801

No. of Attachments _____

Mail to:
P.O. Box 20031
Harrisonburg, VA 22803

Employees of the City and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 540-432-8930.

1. Position applied for _____ (one per application) 2. Position # _____

3. Social Security No. _____ (NOTE: Completion of # 3 is optional. Failure to submit social security number on this form will not prohibit consideration. Social Security number will be required on other forms prior to employment.)

4. Full Legal Name _____ 6. Home Phone _____
Last First Middle

5. Address _____ 7. Cell Phone _____
City State Zip 8. Business Phone _____

9. EDUCATION

a. Check highest grade completed ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type License Number Granted by (licensing board)

10. EXPERIENCE

A RESUME MAY NOT BE SUBMITTED FOR COMPLETION OF THIS SECTION

PRESENT
EMPLOYER _____ Dates From: _____ To: _____
Address _____ Phone No. _____ Ave. Wk Hrs. _____
Job Title _____ Salary Starting _____ Ending _____
Supervisor's Name _____ Reason for leaving _____
Duties _____

EMPLOYER _____ Dates From: _____ To: _____
 Address _____ Phone No. _____ Ave. Wk Hrs. _____
 Job Title _____ Salary Starting _____ Ending _____
 Supervisor's Name _____ Reason for leaving _____
 Duties _____

NOTE: USE SUPPLEMENTAL FORM FOR ADDITIONAL EMPLOYMENT HISTORY IF NEEDED

Additional information you think would help us evaluate your application, including training, seminars, workshops, specialized skills, etc.

11. REFERENCES

List names, addresses, and relationships of three persons not related to you who know your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. MISCELLANEOUS

- Check which job status you would accept: Full Time _____ Part Time (specify) _____
- Are you willing to accept employment which requires you to travel? _____ No _____ Yes
- For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 _____ Yes _____ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- Section 2.2-2903 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the City of Harrisonburg from employing a person who is required to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? _____ Yes _____ No.
 If no, state reason: _____
- For purposes of compliance with Section 2.2-903 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?
 _____ Yes _____ No. If yes, did you serve during the Vietnam Conflict (2/28/61 – 3/7/75)? _____ Yes _____ No.
- Have you ever been convicted* for any violation(s) of law, including moving traffic violations. _____ Yes _____ No. If Yes, please provide the following:
 Describe the offense:
 County, City, State of Conviction: _____ Statue or ordinance (if known) _____ Date of conviction _____
 (For additional convictions use plain paper. Include all information listed above.)
 - Convictions include Virginia juvenile adjudications for Capital murder, First and Second degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be able to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) ___ Mo. ___Day ___Yr.

14. CERTIFICATION Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Harrisonburg. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize the City to rely upon and use, as it sees fit, and information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the Department Director.

Date _____ Applicant's Signature _____

Name _____ Position Number _____

Social Security Number _____ - _____ - _____ Position Applied For _____

EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

Use this page for any additional information you feel you would like to include in this application .

City of Harrisonburg, Virginia
Applicant Data Form

The following information is required to meet federal reporting and record keeping requirements. This information **will not** be used for making employment decisions and **will not** be provided with your application to the appointing authority.

____ Male
____ Female

____ White
____ Black
____ Hispanic
____ Asian or Pacific Islander
____ American Indian

Check the highest level of education you have completed (check only one).

____ Less than 8th grade
____ Completed 8th grade
____ Attended high school
____ High school graduate or equivalent
____ Attend college
____ College graduate
____ Attended graduate school
____ Master's degree
____ Graduate study beyond Master's
____ Ph.D. or professional degree

Applicant's Name: _____

Position applied for: _____

How did you learn about the position for which you are applying?

____ Newspaper

____ City Website

____ Posted Job Announcement

____ City Employee

____ Virginia Employment Commission

____ City jobline

____ TV – City Span

____ Other (please specify) _____

FOR OFFICE USE ONLY

EEO Category: _____

EEO Function: _____

PERSONAL HISTORY STATEMENT

HARRISONBURG POLICE DEPARTMENT *Harrisonburg, Virginia*

COLONEL D. G. HARPER
CHIEF OF POLICE



READ THESE INSTRUCTIONS FIRST!

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** responses to any questions will disqualify you from the process.

Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 12. Each answer should be numbered to correspond with the appropriate question.

You are required to sign and date all pages. Please read page 13 carefully prior to signing.

PERSONAL DATA			
1. Name (Print): First, Middle, Last		Maiden Name	
2. List any other names(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed your name? () No () Yes If Yes, what was/were your former name (s)?			
Court Jurisdiction _____ Date: _____			
3. Present Address: (Number Street, Apt. Number, City, State, Zip Code)		Telephone number Home: () Work: ()	
4. Social Security Number: / /	Date of Birth:	Hair Color:	Eye Color:
Place of Birth (City, State)		Where did you grow up? (City, State)	
5. Place of Naturalization: (if applicable) City and State: Date of Naturalization: Naturalization Certificate Number:			
6. Father's Name:		7. Mother's Name:	
Address:		Address:	
Phone Home:	Work:	Phone Home:	Work:
Father's Occupation:		Mother's Occupation:	
8. If you were raised by someone other than your natural parents, provide the following information: Name: Relationship: Address: Telephone Number: Home: Work:			
9. If either parent is remarried, advise the name and address of stepparents: A. B.			
Applicant's Signature		Date:	

10. List the names, ages and address of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters.

	Name	Date of Birth	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

11. What is your present marital status? () Single () Married () Separated () Divorced () Widowed

Spouse: (Include maiden name, if applicable)

Name: _____ Date of Birth _____ SSN: _____/_____/_____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____

Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.			
2.			
3.			

13. Do you have any children? () NO () YES IF YES, provide:

Name	Date of Birth	Address if other than yours	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

14. Do you have any other dependents other than those listed above? () NO () YES IF YES, provide:

Name	Date of Birth	Address if other than yours	Relationship
1.			
2.			
3.			

Applicant's Signature

Date:

15. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication?

() NO () YES IF YES, provide the information: (Method = possessed, tried, experimented, sold)

DRUG NAME	NUMBER OF TIMES	METHOD	LAST TIME USED	DRUG NAME	NUMBER OF TIMES	METHOD	LAST TIME USED
1.Marijuana				12.Barbituates			
2.Hashis				13.Morphine			
3.Cocaine				14.Methamphetanine			
4.Crack				15.Muscaline			
5.LSD				16.Codine			
6.PCP				17.Ice			
7.Acrid				18.Designer Drugs			
8.Mushrooms				19.Steroids			
9.Peyote				20.Inhalants (glue, paint thinner etc.)			
10.Opium				21.Other			
11.Heroin							

16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? _____ The Harrisonburg Police Department requires that all newly hired police officers refrain from tobacco product use. If hired, you will be required to sign an employment contract to that effect. Breach of this contract is grounds for termination.

17. Are you a member, or have you ever been a member, or had any affiliation with any communist or subversive organization; or any political party or organization which advocates the overthrow of the United States government?

() NO () YES If YES, explain

18. Are you now, or have you ever been a member, or supported the basic beliefs of any group, associations or organization which advocates aggression or violence toward any person or group of persons because of race, religion, gender, sexual orientation or ethnic origin? () NO () YES If YES, explain

19. Have you ever applied for employment with any law enforcement agency; including Federal, State, Local or other Public Safety employer? () NO () YES If YES, list:

Date	Agency	Position	Status
1.			
2.			
3.			
4.			
5.			

20. Have you ever been requested to take a polygraph examination? () NO () YES If YES, reasons and where administered :

21. Have you ever been denied employment with any law enforcement or public safety agency?

() NO () YES If YES, explain:

Applicant's Signature

Date

EDUCATION			
22. Name of High School graduated from or last attended:			Year Graduated:
Address:			
If you did not graduate, highest grade completed:			
If GED, give date and State of Issuance:			
23. Colleges, Universities, other school attended:	Address	Major/Minor	Year and Degree Awarded
1.			
2.			
3.			
24. Have you ever attended a police or public safety academy? ()NO ()YES If YES, provide:			
Name of Academy, address		Course of Instruction	Dates Attended
1.			
2.			
3.			
FINANCIAL DATA			
25. List all debts, including home mortgages, car notes, all open credit cards accounts, personal loans:			
Type of Account	Monthly Payments	Present Balance	To whom owed: Name and Full Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
26. Have you ever filed for or been adjudicated bankrupt? ()NO ()YES If YES, give date of discharge in bankruptcy _____			
Location _____ Court of Jurisdiction _____			
Amount of indebtedness _____ Give details:			
27. Have you ever been sued? ()NO ()YES If YES, give details, such as date, place, court, amount of each judgement and final disposition :			
28. Do you pay alimony or child support? ()NO ()YES			
Do you receive alimony or child support payments? ()NO ()YES			
If yes to either question list to or from whom: _____			
In the amount of \$ _____ per month, total per year \$ _____			
Details: _____			
Applicant's Signature			Date

MILITARY DATA

29. Have you ever been a member of any branch of the Armed Forces? ()NO ()YES

If YES, give the branch name: _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest Rank _____

Primary Duties _____

Type of Discharge: () Honorable () General () Dishonorable

30. Are you a member of any military reserve unit or National Guard? ()NO ()YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

31. Have you ever been a member of any military service other than the United States? ()NO ()YES

If YES, what country: _____ Identification number _____

Length of service: _____

32. During your military service as outlined above

A. Were you ever disciplined, or did you ever receive a summary or deck court Martial, Article 15? ()NO ()YES

B. Did you ever appear before any command personnel for disciplinary reasons? ()NO ()YES

If YES, give reasons:

Date	Charges	Disposition
1.		
2.		
3.		

C. Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? ()NO ()YES If YES, list:

Date	Charges	Disposition
1.		
2.		
3.		

33. Have you ever been turned down, denied entry or rejected by any branch of the Armed Services for any reason?

()NO ()YES If YES, explain:

Date	Branch	Reason
1.		
2.		
3.		

EMPLOYMENT HISTORY

34. Start with your current employer and in reverse chronological order; list your entire work history. Include any periods of unemployment, military service, and part-time work.

Date of employment	City of employment	Full Name, Address and ZIP Code of Employer	Position, salary and supervisor	Reason for leaving
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

35. Give full facts as to each discharge or each forced resignation from any position:

Applicant's Signature

Date

ARREST RECORD			
36. Have you ever been charged, or arrested for any criminal offense in your lifetime? () NO () YES If YES, please describe:			
Date	Jurisdiction	Charges (s)	Disposition
1.			
2.			
3.			
4.			
5.			
MOTOR VEHICLE DRIVING HISTORY			
37. In what state are you currently licensed to drive? _____ Permit Number _____ Expiration Date: _____ Are there any restrictions or special conditions attached with your operator's license? () NO () YES If YES, explain: _____ _____ List any other state in which you have been licensed to operate a motor vehicle: _____			
38. List all tickets, summons citations that you have received regardless of the disposition (if found not guilty, dismissed, nolle prosequi or no contest plea etc. (exclude parking tickets). Give a chronological listing, starting with the most recent offense and indicate the following:			
Date	Jurisdiction	Charges (s)	Disposition
1.			
2.			
3.			
4.			
5.			
6.			
39. Has your privilege to drive ever been suspended or revoked? () NO () YES		If YES, give date, place and reason:	
40. (A) Have you ever been required to attend a driving improvement course? () NO () YES, If YES, provide information:			
Date	Location	Reason	
1.			
2.			
(B) Have you ever volunteered to attend a driver improvement course? () NO () YES Were any points removed from your driving record upon completion of the course? () NO () YES If yes how many? _____ Date _____ Jurisdiction _____			
41. Has your automobile insurance been canceled: () NO () YES If YES, explain: _____ _____			
Applicant's Signature		Date	

42. List all vehicles registered to you:			
Year	Make	Model	Tag Number
1.			
2.			
3.			
4.			
MEDICAL INFORMATION			
<p>This information will be used to assess your ability to undergo testing procedures and to identify factors which may impede your performance on such tests. Candidates who have medical conditions which may impede their ability to perform a specific test will be offered reasonable accommodations.</p> <p style="text-align: center;">IF A RESPONSE IS YES, PLEASE EXPLAIN IN DETAIL</p>			
43. Are you currently under the care of a doctor? ()NO ()YES 			
44. Do you currently take any prescription medication? ()NO ()YES 			
45. Have you ever had any heart problems or do you experience hypertension? ()NO ()YES 			
46. Do you have a history of seizures or other related events? ()NO ()YES 			
47. Have you ever been treated for asthma or other respiratory disorder? ()NO ()YES 			
Applicant's Signature		Date	

RESIDENTIAL HISTORY

48. List all your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.

If additional space is required make a copy of this page before filling out.

Date	Complete address	Neighbors/Roommates/Landlord/Realty Co.
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
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From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
Applicant's Signature		Date

REFERENCES

49. List five (5) persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

Name _____ Telephone: Home _____ Work _____

Address: _____

Occupation: _____

1. Name _____ Telephone: Home _____ Work _____

Address: _____

Occupation: _____

1. Name _____ Telephone: Home _____ Work _____

Address: _____

Occupation: _____

1. Name _____ Telephone: Home _____ Work _____

Address: _____

Occupation: _____

1. Name _____ Telephone: Home _____ Work _____

Address: _____

Occupation: _____

50. In 100 words or less state why you would like to be employed by the Harrisonburg Police Department. This statement **MUST** be in your own handwriting.

Applicant's Signature

Date

ADDITIONAL INFORMATION

Applicant's Signature

Date _____

I understand that all of the information contained within is **CONFIDENTIAL** and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE OR INCOMPLETE** answers will disqualify me from employment.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement is accurate and true to the best of my knowledge.

Date: _____

Signature of Applicant

State of Virginia
City of Harrisonburg

Subscribed and sworn to before me this _____ day of _____ 20____

by _____

Notary Public

My commission expires _____

Applicant, please Note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of a United States citizenship
2. High school diploma or equivalent certification
3. Social Security card
4. Signed Authorization to Release Information form

If applicable furnish copies of:

1. Military discharge (DD214)
2. Marriage certificate
3. Divorce decree (s) or legal separation paper
4. Certified copies of college or university transcript (s)

CITY OF HARRISONBURG
POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the City of Harrisonburg Police Department whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability of employment by the City of Harrisonburg Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses (including reasonable attorney fees), arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, 2_____.

SIGNATURE (SIGN BEFORE NOTARY)

State of Virginia, City of Harrisonburg.

On _____, 20_____, _____ personally appeared before me

_____ whom I know personally

_____ whose identity I verified on the basis of _____

_____ whose identity I verified on the oath or affirmation of _____, a credible witness, to be the signer of the above and he/she acknowledged that he/she signed it.

My commission expires on the _____ day of _____, 2_____.

NOTARY PUBLIC

**Conditions of Employment Agreement
For the Position of Police Officer**

I, _____, hereby
(Applicant Name written legibly)

1. Acknowledge that to be employed as a Police Officer, I must be a non-user of all tobacco products as of the date of entry into service, and that to continue my employment with the City of Harrisonburg Police Department, I must remain a non-user of all tobacco products during my employment.
2. Acknowledge that a false or materially misleading representation by me as being a non-user of tobacco products on entry into service, or my use of any tobacco products after entry into service shall constitute grounds for my termination and separation from employment.
3. In consideration of employment as a Police Officer with the City of Harrisonburg, agree to not use any tobacco products at any time so long as I am employed by the above-listed agency, whether on or off-duty, and that my failure to comply with the above-stated conditions of employment shall constitute good cause for my employer to terminate my employment.
4. Certify that, as of this date, I do not use any tobacco products.

Signature _____
(Applicant Signature)

Date _____

